

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date: _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date: _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

STATE FILE NO. 0000000000

1. DECEASED'S LEGAL NAME (Print, Middle, Last, Suffix) Gobubhai Megabhal Patel				2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH 06:15 AM		5. AGE AND SEX 80 Male		6. DATE OF BIRTH (Month, Day, Year) September 1, 1932		7. HOME PLACE (City and State at Death) Vibhav, India	
TYPE OF DEATH NATURAL CAUSE							
8. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> PCA				9. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (if not residential, give street and number) Heritage Medical Center				11. CITY OR TOWN Shelbyville		12. COUNTY OF DEATH Bedford	
13. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> Unknown				14. SURVIVING SPOUSE (If wife, give name prior to first marriage) N/A		15. DECEASED'S USUAL OCCUPATION Farmer	
16. SOCIAL SECURITY NUMBER 408-83-8265				17. RESIDENCE STATE ON DEATH DAY Tennessee		18. COUNTY Bedford	
19. STREET AND NUMBER 400 S. Cannon Blvd.				20. ZIP CODE 37160		21. DECEASED ENTERED IN US ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> High school or less <input type="checkbox"/> HS - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MBA, MHA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD or Professional degree (e.g., MD, DDS, DVM, LL.M., J.D.) <input type="checkbox"/> Unknown				23. DECEASED'S MILITARY SERVICE (Check the box that best describes whether the decedent is currently serving in the armed forces) <input type="checkbox"/> Yes, active military service <input type="checkbox"/> Yes, reserve military service <input type="checkbox"/> Yes, National Guard <input type="checkbox"/> Yes, Coast Guard <input type="checkbox"/> Yes, other branch of military service (Specify)			
24. FATHER'S NAME (Print, Middle, Last) Megabhai Motibhai				25. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Premiben Megabhai			
26. INFORMATION NAME Shashikant Patel				27. RELATIONSHIP TO DECEDENT Son			
28. METHOD OF DISPOSITION <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)				29. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Moore Corner Funeral Home			
30. SIGNATURE OF JUDICIAL OFFICER James David Felchhaus				31. LICENSE NUMBER 4805			
32. NAME AND ADDRESS OF FUNERAL HOME Felchhaus Memorial Chapel 2022 N. Main Street Shelbyville TN 37160				33. LICENSE NUMBER OF FUNERAL HOME 1044			
34. REGISTRAR'S SIGNATURE Joanne E. Ray (OR)				35. DATE FILED (Month, Day, Year) Jan 23 2013			
36. PHYSICIAN TO THE BODY (To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, either independent, or by request, death occurred at the date and place, and due to the cause(s) and manner stated.				37. SIGNATURE OF PHYSICIAN [Signature]			
38. PART I. List the chain of events (in chronological order), beginning with the event(s) that directly caused the death. DO NOT include remote events such as chronic disease. IMMEDIATE CAUSE: (First condition or action resulting in death) Underlying condition(s), if any, leading to the cause listed in line 4. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. COPD Due to (or as a consequence of) Due to (or as a consequence of) Due to (or as a consequence of)				39. PART II. Cause is indirect sequence (contributed to death) but not resulting in the underlying cause given in PART I. CAD, IHD, Fungal meningitis			
40. NUMBER OF DEATH <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Indole <input type="checkbox"/> Could not be determined				41. IF FEMALE <input type="checkbox"/> Not pregnant with past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year			
42. DATE OF INJURY (Month, Day, Year)				43. TYPE OF INJURY			
44. DESCRIBE HOW INJURY OCCURRED				45. LOCATION OF INJURY (Street and Number, City or Town, State)			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Handricks
STATE REGISTRAR

Deputy Registrar
Bedford County

/ Date Issued

Date Issued: Jan 23, 2013

CERTIFICATION OF VITAL RECORD

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

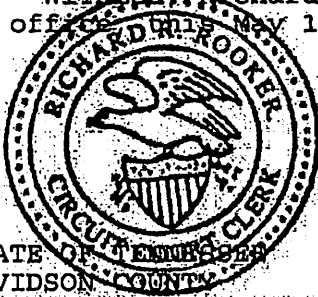
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES, Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



Richard R. Rooker, Clerk

 D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

 D.C.

EXHIBIT 5



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli § ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German § ± ± | Joel M. Rubenstein § ± | Thomas G. Wilson* † ±

BAR MEMBERSHIPS

* Maryland | ◊ South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ◊ North Carolina | § New York | ± New Jersey | ± West Virginia | ± California

August 23, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D. Registered Agent for Service of Process
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel, deceased
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Howell Allen Clinic A Professional Corporation:

We are the attorneys representing Pinal Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, and Vaughan A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Howell Allen Clinic A Professional Corporation to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 305 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice and their relationship to the patient:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Enclosures

cc: Pinal Patel (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO BE RELEASED TO:

**Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208**

**Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339**

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____	Signature: _____
SSN: _____	Printed Name: _____
DOB: _____	Address: _____

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Re: Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel, deceased

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughan A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

EXHIBIT 6



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | • South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ± New Jersey | ■ West Virginia | ♦ California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Howell Allen Clinic A Professional Corporation:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kim Dougherty', written over the printed name.

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson ± †

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December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Howell Allen Clinic A Professional Corporation:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

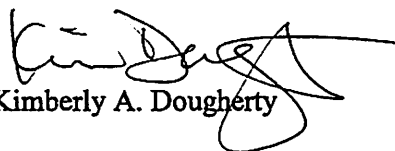
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We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

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Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X History & Physical	<input checked="" type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> X Consultation reports	<input checked="" type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> X Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.


I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S Main St
Goodlettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

STATE OF TENNESSEE Office of Vital Records									
TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH								STATE FILE NUMBER	
1. DECEASED'S LEGAL NAME (Print, Middle, Last, Suffix) Golubhai Megantbal Patel						2. SEX Male		3. DATE OF DEATH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Month, Day, Year) 09:15 AM		5. AGE (Last Birthday (Year), Month, Days) 80		6. DATE OF BIRTH (Month, Day, Year) September 1, 1932		7. BIRTHPLACE (City and State or Foreign Country) Vihar, India			
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> If death occurred in a hospital <input type="checkbox"/> If death occurred in a nursing home <input type="checkbox"/> If death occurred in a hospice <input type="checkbox"/> If death occurred in a private residence <input type="checkbox"/> If death occurred in a public place <input type="checkbox"/> If death occurred in a vehicle <input type="checkbox"/> If death occurred in a place of business <input type="checkbox"/> If death occurred in a place of recreation <input type="checkbox"/> If death occurred in a place of employment <input type="checkbox"/> If death occurred in a place of education <input type="checkbox"/> If death occurred in a place of worship <input type="checkbox"/> If death occurred in a place of confinement <input type="checkbox"/> If death occurred in a place of detention <input type="checkbox"/> If death occurred in a place of custody <input type="checkbox"/> If death occurred in a place of punishment <input type="checkbox"/> If death occurred in a place of execution <input type="checkbox"/> If death occurred in a place of execution by lethal injection <input type="checkbox"/> If death occurred in a place of execution by electrocution <input type="checkbox"/> If death occurred in a place of execution by hanging <input type="checkbox"/> If death occurred in a place of execution by firing squad <input type="checkbox"/> If death occurred in a place of execution by guillotine <input type="checkbox"/> If death occurred in a place of execution by other means <input type="checkbox"/> If death occurred in a place of execution by other means (Specify)									
9. FACILITY NAME (If not institution, give street and number) Heritage Medical Center				10. CITY OR TOWN Shelbyville		11. COUNTY OF DEATH Bedford			
12. SOCIAL SECURITY NUMBER 408-83-8255		13. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		14. DECEASED'S USUAL OCCUPATION Farmer		15. TYPE OF BUSINESS/INDUSTRY Agriculture			
16. STREET AND NUMBER 400 S. Cannon Blvd.		17. ZIP CODE 37160		18. CITY OR TOWN Shelbyville		19. COUNTY OF DEATH Bedford			
19. DECEASED'S RACE (Check one or more boxes to indicate what the deceased considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other (Specify)									
20. DECEASED'S RELIGION (Check one or more boxes to indicate what the deceased considered himself or herself to be) <input type="checkbox"/> None <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Other (Specify)									
21. DECEASED'S MARRIAGE STATUS (Check one or more boxes to indicate what the deceased considered himself or herself to be) <input type="checkbox"/> Married, last married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Other (Specify)									
22. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AB) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSc) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MDiv, MHA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD, DSc, DVM, DDS, JD) <input type="checkbox"/> Unknown									
23. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) Megantbal Mohibhai									
24. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) Premiben Megantbal									
25. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) Shashikant Patel									
26. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) Moore Corner Funeral Home									
27. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) 400 S. Cannon Blvd., Shelbyville TN 37160									
28. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) 1044									
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99. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) 1044									
100. DECEASED'S PLACE OF BIRTH (Print, Middle, Last) 1044									

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

Umana E. Ray (DR)
Deputy Registrar
Bedford County

Date Issued
Jan 23, 2013

CERTIFICATION OF VITAL RECORD

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

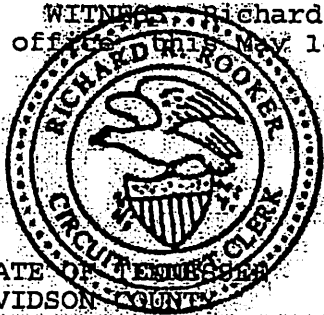
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



Richard R. Rooker, Clerk

 D.C.

STATE OF
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESSES my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

 D.C.

EXHIBIT 7

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Saint Thomas Outpatient
Neurological Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

2. Article Number

(Transfer from service label)

7009 2820 0001 3573 8731

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Debra Schenberg ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-26-13

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Saint Thomas Outpatient
Neurological Center, LLC
c/o Gregory B. Linford, MD
2011 Murphy Avenue
Ste. 301
Nashville, TN 37203-2023

2. Article Number

(Transfer from service label)

7009 2820 0001 3573 8748

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/27

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>A. Star</i> 8/27</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Vaughan A. Allen, MD 2011 Murphy Ave. Ste. 301 Nashville, TN 37203-2023</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7009 2820 0001 3573 8762 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>A. Star</i> 8/27</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Hawell Attene Clinic-A Professional Corporation c/o Gregory B. Lanford, MD 2011 Murphy Ave, Ste. 301 Nashville, TN 37203-2023</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7009 2820 0001 3573 8755 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

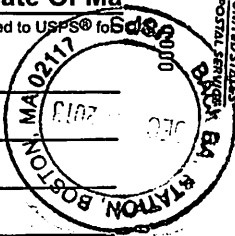
EXHIBIT 8



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Janet Jenner + Suggs, LLC
31 St. James Ave, Ste 365
Boston, MA 02116



U.S. POSTAGE
PAID
BOSTON, MA
DEC 05, 13
AMOUNT
\$1.20
100788-42-07

To: St. Thomas Outpt. Neurosurgical Center, LLC
Floor 9
4230 Harding Ave
Nashville, TN 37203-2023

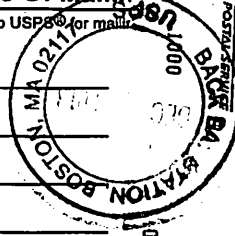
PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Janet Jenner + Suggs, LLC
31 St James Ave, Ste 365
Boston, MA 02116



U.S. POSTAGE
PAID
BOSTON, MA
DEC 05, 13
AMOUNT
\$1.20
100788-42-07

To: St Thomas Outpatient Neurosurgical Center, LLC
Gregory B Sanford, MD Registered Agent for Service of Process
2011 Murphy Ave Ste 301
Nashville, TN 37203-2023

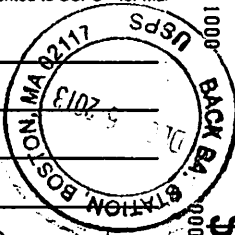
PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: JANET JENNER + SUGGS, LLC
31 St. James Ave, Ste 365
Boston, MA 02116



U.S. POSTAGE
PAID
BOSTON, MA
DEC 05, 13
AMOUNT
\$1.20
100788-42-07

To: Howell Allen Clinic A Professional Corporation
Gregory B Sanford, MD. Registered Agent for Service of Process
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

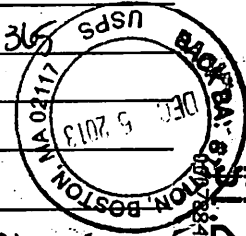
PS Form 3817, April 2007 PSN 7530-02-000-9065



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Janet Jenner + Suggs, LLC
31 St. James Ave, Ste 365
Boston, MA 02116



U.S. POSTAGE
PAID
BOSTON, MA
DEC 05, 13
AMOUNT
\$1.20
100788-42-07

To: Vaughan A. Allen, M.D.
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065

EXHIBIT 9



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* ± | Thomas G. Wilson †*

BAR MEMBERSHIPS

* Maryland | * South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ■ West Virginia | ♦ California

December 11, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To St. Thomas Hospital:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-659-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of St. Thomas Hospital to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

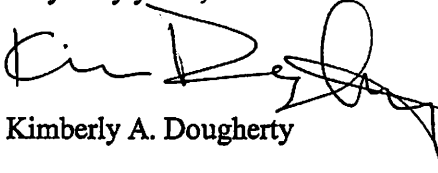
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info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse; psychiatric treatment; HIV/Aids testing or treatment; sexually transmitted disease; and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Bradlettsville, TN 37012

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

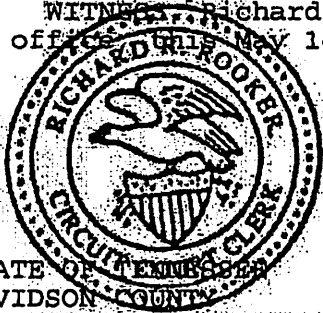
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSE Richard R. Rooker, Clerk of Probate Court, at my office May 14, 2013



Richard R. Rooker, Clerk

 D.C.


STATE OF
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

 D.C.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

STATE FILE NO. 100-100000

[illegible]

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Handricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued: Jan 23, 2013

CERTIFICATION OF VITAL RECORD

EXHIBIT 10



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C., *±
Dov Apfel*± | Stephen C. Offutt*± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. KettererΔ

Sharon R. Guzejko* | Kimberly A. DoughertyΔ | Francis M. Hinson, IV* | Hal J. KleinmanΔ† | Tara J. Posner*±† | Elisha N. Hawk*±±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder*± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*±
Seth L. Cardeli\$± | Samuel M. Collings*± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German\$± | Joel M. Rubenstein\$± | Thomas G. Wilson†±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | = Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ° New Jersey | ° West Virginia | ♦ California

December 11, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To St. Thomas Network:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of St. Thomas Network to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

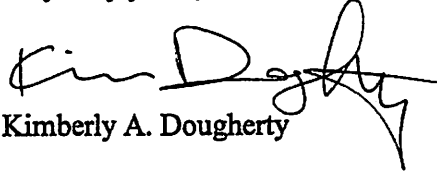
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney
31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
Info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse; psychiatric treatment; HIV/Aids testing or treatment; sexually transmitted disease; and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____


A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

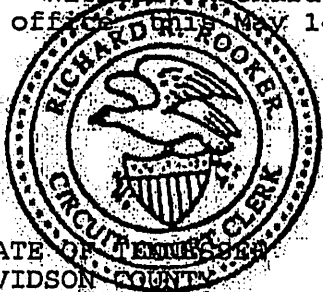
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES: Richard R. Rooker, Clerk of Probate Court, at my office, May 14, 2013



Richard R. Rooker, Clerk

 D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

 D.C.

STATE FILE NUMBER

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Handricks
Teresa S. Handricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued: Jan 23, 2013

CERTIFICATION OF VITAL RECORD

EXHIBIT 11



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli § ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German § ± ± | Joel M. Rubenstein § ± ± | Thomas G. Wilson* † ±

BAR MEMBERSHIPS

* Maryland | ± South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | § New York | ± New Jersey | ± West Virginia | ± California

December 11, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To St. Thomas Health:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of St. Thomas Health to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

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MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

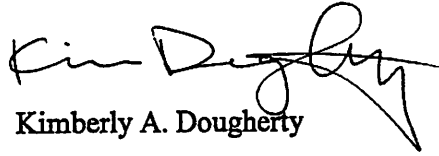
31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,


Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

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